



Saskatchewan's Black Pioneer Doctor

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ONE OF THE FIRST medical doctors in Saskatchewan's Carrot River Valley was a black man, Alfred Schmitz Shadd. This individual cut a wide swath in the park belt's farming communities which he served with distinction.

Shadd, the fourth son of Garrison and Harriet Poindexter Shadd, was born in 1870 on his father's farm in Kent County, Ont. Many of his forefathers were activists who strove to achieve social equality for Canadian blacks. His grandfather, Abraham Doras Shadd had come with his family to Raleigh County, Ontario (Canada West) after the passage of the famous 1850 American Fugitive Slave Bill. After arriving in Canada, Abraham and his family worked to eradicate racism in their adopted country. With black brethren Abraham established Masonic lodges throughout Canada West and in 1859 became the first black to be elected to a public office (Raleigh Town Council) in Canada West.¹

Abraham's children were no less active. Mary Anne and Isaac were

editors; Emmaline and Eunice became teachers; Elizabeth was a circuit rider preaching the word of God; Garrison was a successful farmer; and Abraham Jr. was admitted to the Mississippi bar.

However, as the numbers of the fugitives arriving by the famous 'Underground Railroad' increased and the blacks "got thick as crows" there was a pronounced antipathy toward them. In nearby Dresden, for example, the black population increased so significantly that the settlement was often called "Nigger Hole". The whites ignored the fact that black slaves had once been numerous in eastern Canada.

By the mid-1850's nearly 1600 blacks or 25 percent of the Chatham area's black population lived in the town. Shadd's Chatham, like some other towns of Ontario, gained the reputation as a tough town for blacks. Black citizens tended to be more urbanized than other groups, often living in clusters as appendages to white settlements; this tended to make them more visible and threatening.

Chicken coops and laundry lines were thought to be temptations too strong for many blacks to resist. Blacks were banned from hotels and many public places. One Chatham barber in the 1890's won local fame by refusing service to a black man — because no black soap was available. As late as 1908, a Chatham black received forty lashes and a five-year jail sentence for "luring a white girl from her home".

Racially segregated schools existed by law (the 1850 legislation remained until 1964), and residential segregation existed because it was expected. Gerrymandering of school district boundaries helped to keep black and white children apart. However, the courts were slowly killing the segregated school idea. In 1861, for instance, in *Simmons vs. Chatham*, Chief Justice John Beverley Robinson foiled an attempt by Chatham's whites to define school boundaries by reference to the absence or presence of blacks. Incidentally, the opposition of Kent County blacks to the 1850 law was led by a J. D. Shadd.



Diprosone

Cream/Ointment

DIPROSONE (betamethasone dipropionate 0.05%) is a topical steroid. Chemically DIPROSONE is betamethasone-17, 21 dipropionate.

INDICATIONS AND CLINICAL USES: DIPROSONE provides anti-inflammatory, antipruritic and anti-allergic activity in the topical management of corticosteroid-responsive dermatoses.

CONTRAINDICATIONS: Topical corticosteroids are contraindicated in vaccinia, varicella, tuberculosis of the skin, herpes simplex, fungal and virus infection. Hypersensitivity to any of the components of DIPROSONE is a contraindication to its use.

WARNINGS: The safety of topical corticosteroids during pregnancy or lactation has not been established. The potential benefit of DIPROSONE if used during pregnancy or lactation should be weighed against possible hazards to the fetus or the nursing infant. This drug should not be used in or near the eyes, the vehicle is not formulated for ophthalmic use.

PRECAUTIONS: If a bacterial or fungal infection is present or threatens, appropriate antimicrobial therapy should be instituted. Caution should be taken in using topical corticosteroids in patients with stasis dermatitis and other skin diseases with impaired circulation. Prolonged use of corticosteroid preparations may produce striae or atrophy of the skin or subcutaneous tissue.

ADVERSE REACTIONS: The following local adverse reactions have been reported with the use of topical corticosteroids: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneiform eruptions, hypopigmentation, secondary infection, skin atrophy and striae.

DOSAGE AND ADMINISTRATION: A sufficient quantity of DIPROSONE should be applied to completely cover the affected area and should be massaged gently and thoroughly into the skin. The usual frequency of application is twice daily. For some patients adequate maintenance therapy may be achieved with less frequent application.

AVAILABILITY: DIPROSONE Cream and Ointment are available in 20 g and 60 g tubes.

*Data in files of Headquarters Medical Research Division, Schering Corporation.

Complete information is available on request from Schering Corporation Limited, Pointe Claire, Quebec H9R 1B4

*Reg. T.M.

MEMBER

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Many Ontario churches were unofficially segregated. In some areas there were churches with separate pews at the back called, on occasion, "Nigger Heaven". Not surprisingly, many blacks preferred their own church services — largely Baptist. At these institutions they found identity, friendship, cohesion and leadership. Historically, black Canadian churchmen often provided the only, if often ineffective, leadership to black brethren. Patience, resignation, and a better day in Heaven were stressed.

In spite of prejudice and segregation the Shadds and many other black families near Chatham raised their children in relative seclusion and tranquillity. The Shadd family apparently escaped the heavy poverty that characterized most black Canadian families in the nineteenth century. Grandfather Abraham had, according to the school treasurer's records, often lent money to keep open "the Shadd School". Before moving west, Alfred taught for at least one year in that same school and was accepted by the children as a firm but judicious disciplinarian.

Teacher and Doctor

Earlier Shadd had begun his medical studies at the University of Toronto where some white students adamantly refused to sit beside him. Just as adamantly Shadd challenged them to fight him or accept him. The black youth's powerful frame was reason enough to accept him. He did not complete his medical studies at that time, but instead became a teacher.

In 1896 Shadd moved to the sparsely settled Kinistino area in what was then the North West Territories. He was most probably the only black teacher among the 433 teachers employed in the Territories' 366 schools. According to one account, a little girl sat on the teacher's knee and lifted her moistened finger to his cheek. He smilingly assured her that the color could not be removed. The large man's ready laughter and disciplined energy were valued by his pupils.

In addition to his value as a teacher, Shadd's limited medical knowledge was a decided advantage. Although the Kinistino whites questioned how much a black teacher could know about medicine, their doubts vanished after a Birch Hills man, whose head had been accidentally split open, was brought to Shadd's school. The students were quickly dismissed, and the teacher tended to the injured man who lived

to thank the young 'doctor'. Experiences such as this probably helped convince Shadd to return to Toronto to complete his medical studies. He did so, graduating in 1898, and returned to Kinistino, where friends helped him build his office, a two-room log structure. Shadd called his bedroom the chamber of silence, and named his office the chamber of horrors. His former landlady, Mrs. Lowrie, often acted as anesthetist.

Not far from Kinistino lived a Cree Indian named Ne-Gue-Nan-Sew and his wife Tannis ('Daughter of the South Wind') whose infant children had died of a mysterious illness. Shadd examined the couple's baby girl and performed an operation on what he called "the tubercular gland". The little girl lived, only to die with her parents in a fierce grass fire near Ethelon. Initially, of course, the Indians were puzzled by Shadd; many had never seen a black. Among the Indians of the area, Shadd became the most respected non-Indian.

The Move to Melfort

Shadd served the Kinistino settlement until 1904 when he moved 30 miles east to Melfort, considered by some citizens to be the 'capital' of the Carrot River Valley. There the teacher-turned-doctor began a business. The local newspaper announced that "Dr. Shadd is in town unpacking goods for his drugstore".² For some time he practiced medicine in his pharmacy, and was associated with Dr. Thomas Charles Spence (1854-1923), one of the first doctors to serve the Carrot River Valley. They were close friends who also shared a long service to the Conservative Party.

Shadd's love for life included the need to learn. The local newspaper announced that "A. Schmitz Shadd, MD, of Melfort has gone to Europe, and intends spending some of his time . . . (at) medical colleges in Edinburgh and Paris".³ After graduate study, he returned and selling his drugstore on Burrows Avenue, "fitted up a suite of offices over Code's Flour and Feed Store . . . where he can be found by those requiring his services".⁴

The doctor's services were frequently reported in the local newspaper; for example, "Dr. Shadd tapped a patient's chest for 130 ounces of liquid . . . (and) nearly 300 ounces in total".⁵

As one of the province's first coron-

ers, Shadd "travelled to Erwood as coroner for a drowned man", and "examined a young Scotsman who died at Fisher's restaurant", and "examined a man with a mysterious broken neck, found hidden in the straw near Bagley". Shadd's professional life received more press attention than that of other doctors, probably a result of his friendship with the local editor.

The Hospital

Friendship did not stop Shadd from forcefully expressing his views on a proposed new hospital. He argued with those laymen whom he felt placed the patients' welfare anywhere but first. He was instrumental in the building of the six-bed hospital in 1906, and supported the hiring of Miss Heales as the first superintendent of nurses.

In the founding meeting of the board, Shadd recommended that the hospital be incorporated as a government institution, and suggested that

public donations be received for building purposes. The Carrot River pioneers responded generously and quickly to Shadd's financial request. Calico balls, tag days, skating carnivals, drama nights and other events were held to raise money. Miss Heales "invaded the lumber camps and brought back \$60.65 and at Crooked River (received) \$73.75... and at Mistatim collected \$150.85".⁶ Donations arrived from all areas of the valley.

As a most practical man, Shadd became directly involved in the building plans for the hospital. At early board meetings the doctor made motions about concrete foundations, wood and ice supplies and a handsome fee of \$50 to the architect.

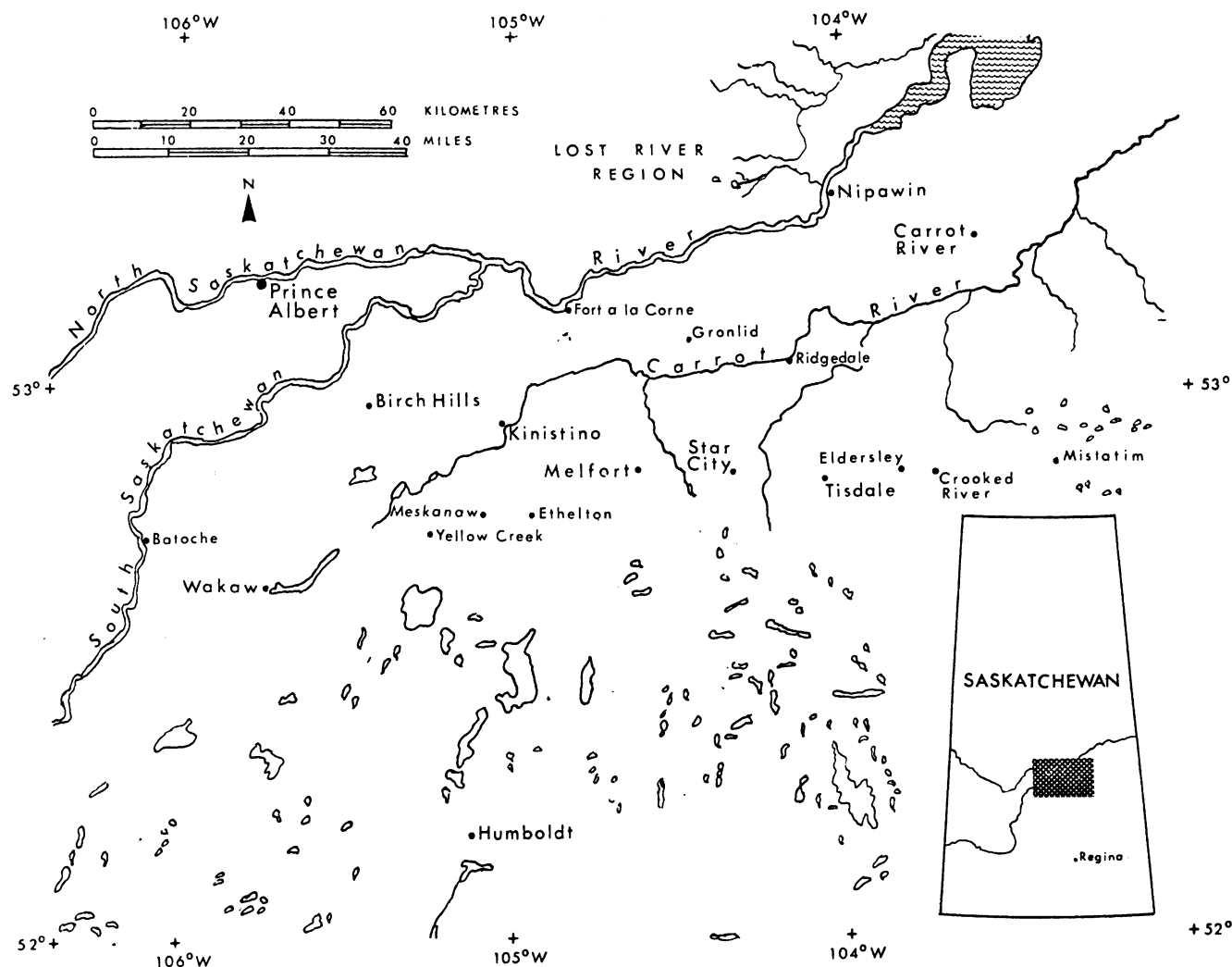
By 1909 Shadd reported to the board that there was "an excellent institution in our midst". He recommended the purchases of a ward carriage for dressing and "regularly used instruments", but suggested that ambulance costs be paid by the patients.⁷

He quarreled with the hospital administration who wanted to build a nurses' residence, because he felt that money should be spent on improvements to the hospital. Shadd lost his argument; the residence was completed in 1910. Shadd believed that the director "meddled" with doctors' charges but claimed that the daily rates of \$1.50, \$2.00 and \$2.50 were too high for his patients. Other doctors agreed.⁸

He also had several disagreements with the superintendent of nurses who succeeded Miss Heales, rebuking her for allowing smoking on the wards and claiming that his prescriptions "were not promptly dealt with". Shadd added that he would not place a serious case in the hospital if the superintendent was in charge.⁹

A day in the country always helped to calm Shadd's emotions. His red 1906 Reo, perhaps the first automobile in the area, was a familiar sight in his area of the beautiful park belt. He gained a reputation as a fast driver.

CARROT RIVER VALLEY REGION



George H. Zieber

MAXERAN

The modifier of digestive behaviour

Indications: Sub-acute gastritis, chronic gastritis, gastric sequelae of surgical procedures such as vagotomy and pyloroplasty.

Under these conditions, when gastric emptying is delayed, Maxeran may relieve such symptoms as nausea, vomiting, epigastric distress, bloating, etc.

Small bowel intubation: Maxeran may facilitate and accelerate small bowel intubation.

Side-effects: Drowsiness and, more rarely, insomnia, fatigue, headaches, dizziness and bowel disturbances have been reported. Parkinsonism and other extrapyramidal syndromes have been reported infrequently. An increase in the frequency and severity of seizures has been reported in conjunction with the administration of Maxeran to epileptic patients.

Precautions: Drugs with atropine-like action should not be used simultaneously with Maxeran since they have a tendency to antagonize effect of this drug on gastrointestinal motility. Maxeran should not be used in conjunction with potent ganglioplegic or neuroleptic drugs since potentiation of effects might occur.

Maxeran should not be used in patients with epilepsy and extrapyramidal syndromes, unless its expected benefits outweigh the risk of aggravating these symptoms.

In view of the risk of extrapyramidal manifestations, metoclopramide should not be used in children unless a clear indication has been established.

The recommended dosage of Maxeran should not be exceeded since a further increase in dosage will not produce a corresponding increase in the clinical response. The dosage recommended for children should not be exceeded.

Contraindications: Maxeran should not be administered to patients in combination with MAO inhibitors, tricyclic antidepressants, sympathomimetics and foods with high tyramine content, since safety of such an association has not yet been established. As a safety measure, a two-week period should elapse between using Maxeran and administration of any of these drugs.

The safety of use of Maxeran in pregnancy has not been established. Therefore Maxeran should not be used in pregnant women, unless in the opinion of the physician the expected benefits to the patient outweigh the potential risks to the fetus.

Dosage and administration:

For delayed gastric emptying

Adults

Tablets: 1/2 to 1 tablet (5 — 10 mg) three or four times a day before meals.

Liquid: 5 — 10 ml (5 — 10 mg) three or four times a day before meals.

Injectable: When parenteral administration is required, 1 ampoule (10 mg) I.M. or I.V. (slowly) to be repeated 2 or 3 times a day if necessary.

Children:

(5 to 14 years):
Liquid: 2.5 to 5 ml (2.5 — 5 mg) three times a day before meals.

For small bowel intubation:

Adults:

One ampoule (10 mg) I.V. — 15 minutes before intubation. Other routes (oral or I.M.) may be used but with a greater period of latency.

Children:

(5 to 14 years):
2.5 to 5 ml (2.5 — 5 mg)

Availability:

Tablets: Each white scored compressed tablet contains 10 mg of Metoclopramide hydrochloride. Bottles of 50 & 500 tablets.

Liquid: Each ml contains 1 mg of Metoclopramide hydrochloride. Available in bottles of 110 ml and 450 ml.

Injectable: Each 2 ml ampoule contains 10 mg of Metoclopramide hydrochloride in a clear colourless solution. Keep away from light and heat. Available in boxes of 5 and 50 ampoules.

Product monograph available upon request.

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"The Reo car", he once said whimsically, "saved more people than it killed". In an area that had fewer roads than fences, the latter often were "crashed through" by the black man in the red Reo en route to a serious case.

A 1912 local news item reported the errors of such fast drivers: "Complaints have been made of persons exceeding the speed limit of ten miles per hour... (and) some chauffeurs travelled at a 30-mile an-hour clip".¹⁰ Roads and streets, often muddy, were difficult by today's standards.

In spite of bad weather, difficult roads and his busy schedule, Shadd travelled to meet the needs of his patients. Residents of Fort à la Corne (on the Saskatchewan River), Lost River region, Eldersley, Birch Hills, Yellow Creek, Star City, Ridgedale District, Gronlid, all became familiar with Shadd's skill and exuberance. One local newspaper account after his death stated that:

"... he was universally liked by all who knew him, especially those who received medical treatment from him, it being as good as medicine to hear his hearty laughter when he was cheering up a patient. No matter how cold the night, he always answered the summons for his assistance, and many a night with the thermometer around zero and below, he has come in from a long drive to find another call awaiting him and he has gone without his rest and visited the patient, when he, himself, had been suffering extreme pain that would make other men take to their beds".¹¹

The Venture into Politics

Perhaps it was his zest for life that led Shadd into politics. Like many Canadian black families, the Shadds had long supported the Conservative Party. In 1901 he ran unsuccessfully as a candidate for the Northwest Territories Assembly. He favored Saskatchewan's 1905 achievement of provincial status but demanded decentralized government and strong provincial control over policies directly involving the province. He bitterly opposed Walter Scott as premier. He believed that the scholarly Fort Macleod lawyer and provincial rights leader, Frederick Haultain, should have been asked to form the first government of the province. As a provincial rights candidate in the 1905 election, Shadd was opposed by Liberal Thomas Sander-son, a former scout in the 1885 Riel

Rebellion, and friend who later helped the doctor begin his cattle breeding operation. In his election speeches the doctor-politician stressed the following:

1. Stronger provincial government
2. Construction of a Hudson Bay railway
3. The end of exemption from taxes for the CPR
4. Provincial control of public lands, forests, and minerals
5. Local control of schools, but with a curriculum that would make "good Canadian citizens of all incoming races and creeds".

The black politician was an eloquent public speaker who showed courtesy to his political opponents. The local newspaper reported that "he was a fluent and forceful speaker and could rouse his audience to the wildest pitch of enthusiasm when on a political campaign".¹² His sense of humor and grasp of fundamental issues appealed to many voters. Saskatchewanians (male only) came close to sending a black man to their first elected legislature: Sanderson defeated Shadd by only 52 votes. Shadd was strongly supported in Melfort and Kinistino where the voters knew him well.

The country doctor found other outlets for his political and social awareness. As a town councilman he welcomed the "bigger and better tomorrow" type of thinking that permeated Canada during the early part of the twentieth century. When Melfort gained electricity to light its homes and streets, Shadd was 'delighted' — "I now feel", he said, "like paying my taxes with a light heart".¹³ Earlier, as councilman, he had travelled to other Saskatchewan centres to learn how best to install sewer and water works. He consistently urged town counsel and citizens alike "to move into the twentieth century".

Editor, Farmer, Churchman

The doctor was also an active member of the Masonic Order, the Independent Order of Forresters, and the Loyal Orange Lodge. The "black Orangeman", as he called himself on occasion, was a strong supporter of King and country.

Shadd's views and hopes were expressed in *The Carrot River Journal*; he was owner-editor from 1908 to 1912. During that time he was considered one of the finest editorial writers in the West. His editorials consistently spoke of Western rights, freight

rates, grain prices — all topics still very much alive today. As might be expected, the irrepressible Shadd supported the Conservative party with his well-worded editorials.

In 1902, he purchased his first farm near Kinistino, where he experimented with the growth of crabapples — a significant achievement for that time and place. His proud possession was a great white bull, Bandsman's Choice, which was a prize winner at the Toronto Exhibition. The purchase price of \$1,000 indicates that Shadd was in a sound financial position. In any case, he loved cattle breeding almost as much as he loved medicine. Often he served as a veterinarian; on one occasion he delivered two 'babies' to the same family — a baby boy in the farm house and a baby calf in the barn.

The gentleman farmer became a founder and first president of the Melfort Agriculture Society. Early records of the organization indicate that Shadd's leadership was respected and solicited. He also helped to form the Farmers' Elevator Company. He enjoyed his membership in All Saints Anglican Church which he served as warden. Shadd, among others, paid for the bells of the church built in 1906. It was in this church that he married the attractive Miss Simpson, a local white girl. Two children, the light-skinned Garrison and the dark-skinned Louena were born to the Shadds.

It was fortunate that Mrs. Shadd, a former bookkeeper, "kept the books", for Shadd spent and invested often, not always with the family purse in mind. He often refused payment from those individuals in financial difficulties, but occasionally requested through his newspaper that patients call to arrange payment for services.

He spoke out strongly in favor of sound home life. His speech at the 1913 opening of the new school gives the reader cause for thought:

"Dr. Shadd said that the most important work of education still remained to be done in the home. It was not the size of the school that counted, it was the teaching... the schools have relieved the parents of a large part of the work of education, and there is a disposition to shift the whole burden to the schools which the speaker said was quite wrong".¹⁴

Fatal Illness

Western Canada's early black doctor died early and quickly. In March 1915 Dr. T. C. Spence and Mrs. Shadd

took the failing man to a Winnipeg hospital. Acute appendicitis, then a serious affliction, had struck Shadd; he died shortly after an operation. In his 45 years Shadd had tasted life fully. He had moved a long way from his one-room, racially segregated log schoolhouse in Ontario. In his short life the educator, doctor, farmer, politician, druggist, editor, civic leader, and citizen had touched and moved those with whom he made contact.

Shadd's funeral in Melfort, a report stated, was "easily the largest gathering of this nature that has been held in the Carrot River Valley".¹⁵ One elderly long-time resident recently spoke of the sad event:

"I well remember the funeral of Dr. Shadd. There wasn't room in the church. There were more outside the church than in the church. The casket was in the cemetery when the last of the procession had not left the town. This is a distance of two miles and that is still the largest funeral ever held in Melfort".¹⁶

To today's black militants Shadd might appear to be "another Uncle Tom" who was black on the outside but white on the inside. But Shadd was too self-assured and too dynamic to be subservient to anyone. Indeed, as a strong black man in an early western Canadian settlement, he had little reason to be.

Shadd has been resting in Melfort's Mount Pleasant Cemetery for more than half a century. The symbolism around his grave is striking. At one end of his large burial plot is a white-barked birch; at the other end is a black-barked poplar. The gravestone is of Canadian black granite. ●

References

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2. *Melfort Moon, April 13, 1904.*
3. *Ibid., August 31, 1904.*
4. *Ibid., April 19, 1905.*
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6. *Looking Backward, Melfort Journal March 30, 1937.*
7. *Melfort Moon, January 27, 1909.*
8. *The Minute Book: Lady Minto Hospital, 1906-1911. January 20, 1910.*
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10. *Melfort Moon, August 21, 1912.*
11. *Ibid., (Editorial) March 15, 1915.*
12. *Ibid., October 28, 1906.*
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14. *Ibid., September 10, 1913.*
15. *Ibid., March 19, 1915.*
16. *Letter to the author from Wes Aikenhead, March 12, 1970.*

For lasting therapeutic cure.

MONISTAT* cream or suppositories

Indication: MONISTAT is indicated for the local treatment of vulvovaginal candidiasis (moniliasis). MONISTAT has been found to be effective in both pregnant and non-pregnant women, as well as in women taking oral contraceptives.

Action: Miconazole nitrate exhibits broad spectrum *in vitro* fungistatic activity against species of the genus *Candida*. Studies with *Candida albicans* (strain RV 4688) indicate that at low concentrations, miconazole nitrate acts primarily on the yeast cell membrane resulting in selective inhibition of the uptake of precursors of RNA and DNA (purines) and mucopolysaccharide (glutamine).

In vitro fungicidal activity against *Candida albicans* has also been demonstrated. Depending on dose and duration of exposure, the yeast cells show progressive cytoplasmic deterioration and prominent shape changes finally resulting in complete cell necrosis.

In addition, *in vitro* broad spectrum antibacterial activity has been reported (gram-positive bacilli and cocci).

Contraindications: None known.

Precautions:

1. Discontinue medication if sensitization or marked irritation occurs from intravaginal use.
2. Intractable candidiasis may be the presenting symptom of unrecognized diabetes; thus appropriate urine/blood studies may be indicated in patients not responding to treatment.
3. Pregnant patients should be advised to exercise caution in the insertion of the vaginal applicator.
4. During therapy it may be advisable to instruct the patient to abstain from intercourse or recommend the use of a condom.

Adverse Reactions: In general, the complaints reported with MONISTAT concern vulvovaginal burning, itching or irritation. Of a total of 528 pregnant and non-pregnant patients evaluated for tolerance and safety while using MONISTAT Cream, 39 reported reactions which were possibly drug-related but not severe enough to cause discontinuation of therapy. Only 5 patients discontinued therapy for drug-related reasons (vulvovaginal burning and itching — 4 patients, and hives — 1 patient).

Dosage and Administration: One applicatorful of MONISTAT Cream is administered intravaginally once daily at bedtime for 14 consecutive days. The course of therapy may be repeated if the patient remains symptomatic.

One suppository is administered intravaginally once daily at bedtime for 15 consecutive days. The course of therapy may be repeated if the patient remains symptomatic.

Packaging: MONISTAT Cream is available in individual packages containing a 85 g tube (sufficient drug for one course of therapy) of 2% cream along with the ORTHO* Measured Dose applicator.

MONISTAT Vaginal Suppositories, 100 mg Miconazole Nitrate, are available in boxes of fifteen, including an applicator. Each suppository is sealed in an opaque polyvinylchloride container. This represents sufficient drug for one complete course of therapy.

Reference:

1. Eloy, R.: Cure Stability in 72 cases of Vulvovaginal Candidiasis Treated Locally with Miconazole, XXIV^e Congrès de la Fédération des Sociétés de Gynécologie et d'Obstétrique de langue française, 1(5), Suppl. 2, 372-374 (1972).



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